

Sentry Insurance A Mutual Company
 PO Box 8032
 Stevens Point, WI 54481

EXPLANATION OF REVIEW



PPO

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Provider Name: 'HYSICAL THERAPY OF GULFPORT
 Provider Tax Id: 223894930
 Patient Acct. No.: FOSMIC2
 Patient Name: MIKE FOSTER

Employer Name: HARTSON-KENNEDY CABINET
 Policy No.: 901590201002
 Claim No.: 51C955315A
 Date of Injury: 02/14/12
 Date Bill Received: 05/31/12

Control No.: 26121530065000
 Date Processed: 06/11/12
 Operator No.: 722
 Bill Id: SENEDI06-01-201200310023

Dates of Service	Procedure Code	Description of Service	Units	Billed Charges	Fee Schedule or Customary	Recommended Allowance	Reason Code
05/22/12-05/22/12	97110	THERAPEUTIC PROCEDURE	0001	45.00	44.80	25.43	123
05/22/12-05/22/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123
05/22/12-05/22/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123
05/22/12-05/22/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123
05/23/12-05/23/12	97110	THERAPEUTIC PROCEDURE	0001	45.00	44.80	25.43	123
05/23/12-05/23/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123
05/23/12-05/23/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123
05/23/12-05/23/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123
05/24/12-05/24/12	97110	THERAPEUTIC PROCEDURE	0001	45.00	44.80	25.43	123
05/24/12-05/24/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123
05/24/12-05/24/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123
05/24/12-05/24/12	97530	KINETIC ACTIVITIES,INTL	0001	60.00	48.00	27.76	123

TOTAL	675.00	566.40	326.13
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- 1 This contracted provider or hospital has agreed to reduce this charge for your business. (P303)
 - 2 ANY REDUCTION IS IN ACCORDANCE WITH THE MULTIPLAN CONTRACT FOR QUESTIONS REGARDING REDUCTIONS, PLEASE CALL 1-800-243-2336. (Z058)
 - 3 The charge for this procedure was reimbursed at the fee schedule or Fair Health Benchmark Database. (Z560)
- * Either an emergency service was rendered that does not require verification of authorization, or, a non-emergency service was rendered where the provider obtained verification of authorization/precertification review from the payer. (Z349)
 - * ANY REDUCTION IS IN ACCORDANCE WITH THE MULTIPLAN CONTRACT FOR QUESTIONS REGARDING REDUCTIONS, PLEASE CALL 1-800-243-2336. (Z058)

DIAGNOSIS:

846.1 SPRAINS AND STRAINS; SACROILIAC LIGAMENT

MultiPlan provided the unauthorized WC discount on Mr. Holland's WC claim.

FOR QUESTIONS ABOUT THIS CONTRACT, REFER TO THE ABOVE PHONE NUMBER
 FOR ALL OTHER CUSTOMER SERVICE, PLEASE CALL 1-800-739-3344 EXT 3469400
 OR FAX 1-715-346-9708

Please include a copy of this explanation with any reconsideration request.

Exhibit
 "I"

Explanation of Review

Claimant Name: DAVIS, DANIEL J.
Claim Number: Z0083692401
Bill: BCI-JKMS-13675

Network that discounted claim.

Bill Details

Dates of Service: 04-12-2012 to 05-02-2012
Post Date: 05-28-2012

Reviewer: NA/DJ

File: 00000225/00015698/00000000

Client Type of Bill: 011

Adjuster: BETTY-J 01

PPO: FIRST HEALTH 800-937-6824

Contract ID: F0580-

Dx1: 813.41 COLLES FRACTURE-CLOSED

Line	Date	POS	TOS	Rev./Proc. Code	Charges	Dx. Bill Rev	Units	Description NCR	PPO	NGD	Explanation Code(s) Allow.
14	04-20-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
15	04-20-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
16	04-20-2012	11	1	97110	45.00	1	0.20	1 THERAPEUTIC EXERCISES	19.37		P86 25.43
17	04-26-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
18	04-26-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
19	04-26-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
20	04-26-2012	11	1	97110	45.00	1	0.20	1 THERAPEUTIC EXERCISES	19.37		P86 25.43
21	04-27-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
22	04-27-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
23	04-27-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
24	04-27-2012	11	1	97110	45.00	1	0.20	1 THERAPEUTIC EXERCISES	19.37		P86 25.43
25	05-02-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
26	05-02-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
27	05-02-2012	11	1	97530	60.00	1	12.00	1 THERAPEUTIC ACTIVITIES	20.24		P86 27.76
28	05-02-2012	11	1	97110	45.00	1	0.20	1 THERAPEUTIC EXERCISES	19.37		P86 25.43

Totals

Total Charges: 1,575.00
Bill Review Reductions: 253.40
Bill Review Allowance: 1,321.60
PPO Reductions: 560.63
Recommended Allowance: 760.97

Messages

P86 ANY REDUCTION IS IN ACCORDANCE WITH THE MULTIPLAN CONTRACT. FOR QUESTIONS REGARDING REDUCTIONS, PLEASE CALL 800-243-2336.

Network obtained access to Mr. Holland's contract through MultiPlan.

IF YOU HAVE ANY QUESTIONS REGARDING THIS ANALYSIS, PLEASE CALL 800-880-1279, EMAIL: CLAIMS.MCR@EMCINS.COM OR FAX THE BOR, WITH QUESTIONS, TO 877-260-2811.

EMC INSURANCE COMPANIES, PO BOX 712, DES MOINES, IA 50306-0712

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